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ABSTRACT

The booklet presents an art therapist's thoughts on contributions of art therapy to the development of severely and profoundly impaired students. She emphasizes the importance of sensory exploration as an introduction to the child's environment. Also stressed is the importance of positive and accepting attitudes on the part of teachers or therapists. The process orientation is illustrated in two case studies. Artistic, play, psychosexual, psychosocial, and cognitive development of young children (birth to 4) is charted. Suggestions are given on approaches to foster exploration, types of materials used, motivational factors, structure of the session, and adaptations which may be required for physical disabilities. (CL)

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ARTS IN SPECIAL EDUCATION PROJECT OF PENNSYLVANIA

A SENSORIAL APPROACH TO ART:

PRE-ART DISCOVERY WITH SEVERELY AND PROFOUNDLY IMPAIRED CHILDREN

SHERRIE LONKER

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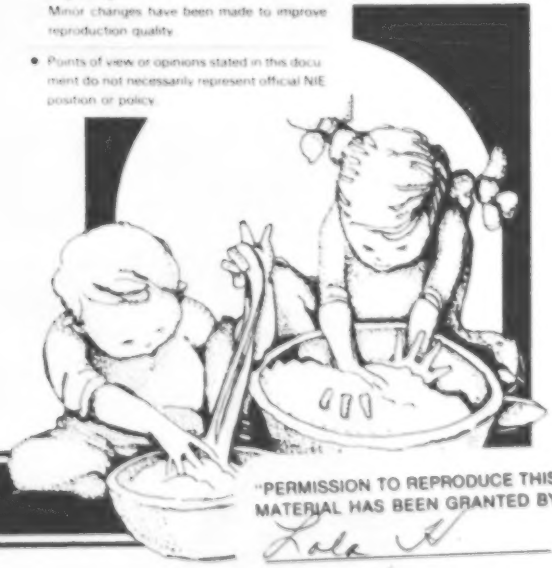

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Sherrie, an art therapist, ceramicist, administrator and educator, has been employed in the special education field for the last eight years. Working as an art therapist with visually, hearing and orthopedically impaired as well as the retarded and emotionally disturbed populations of children and adults, Sherrie has used innovative techniques of sensory integration and 2-D and 3-D art. She has incorporated basic skills of awareness and creation using art media to motivate individuals of a wide variety of exceptionalities to enjoy learning and communicating through other than verbal means. Sherrie has worked as an art therapist for the Philadelphia School District and is presently employed at the Pinehill Rehabilitation Center in Philadelphia as program director of clinical services and art therapist. Sherrie serves on the clinical supervisory faculty of Hahnemann Medical College for the Art Therapy Department. She is President of the Delaware Valley Art Therapy Association for 1982-1984. A graduate of the Master of Arts in Art Therapy program at Vermont College, Sherrie is a registered art therapist with special expertise in the areas of art therapy with special education populations. She also serves as a consultant for the Arts in Special Education Project of Pennsylvania.

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Beginning

How can the use of art in a curriculum with severely and profoundly impaired (SPI) children aid in their deficits of learning, sensing and expressing? In order to begin to reach out and explore the growing, emerging, pulsating environment, an individual must feel comfortable and at ease with whom and with what is to be explored. A child who is severely and profoundly impaired, limited by loss of sight, hearing, mobility or cognitive quickness to grasp the integration of his/her world needs, first, to be shown how to touch. *Lack of early stimulation or motivation are difficult barriers to overcome in a child who continues to survive but cannot integrate his/her world effectively.* Development of the ability to sense in a productive way, one which integrates the environment of the child, is as much of a necessity in learning as the "three R's" of education. I concur with Rubin (1975) as she states that, "In a way, such manipulative and making activities are to art as babbling and jargon is to speech. They are preparation for formal expression, and constitute as legitimate a part of 'art' with the handicapped as 'reading readiness' for the average learner."

Sensory exploration is an important aspect of working with materials in the expressive modality of art. Art is a wonderful tool of play and exploration for beginning the SPI child's pathway to sensing appropriately and effectively. The child who may never exceed the concept level of an infant must learn to assimilate—through the processes in which he/she is able to assimilate at the present time—regardless of chronological age. The level at which the small infant learns to take in information about the environment and relationships is sensorial. Everything he/she learns must be taught, shown, examined through this mode. The gentleness with which a parent shows a small infant a colored mobile dancing above his/her head must be employed. The same cooing, reflective vocalizing of gurgling and bubbles—"baby talk" parents use—might be very useful for this non-verbal child who has not yet developed the skills needed to effectively communicate and express needs, wants and observations. The reflection of minute sounds, cries, whines and babbling of the child by the teacher are also well-employed with an older (adolescent) SPI student if age-appropriate emphasis is stressed. This is very important;

infantilizing the SPI adolescent can be both disrespectful and insensitive. For example, it may be detrimental to the sexuality and physical-emotional development of the student for the teacher to kiss, fondle or coo at this student as one naturally would with an infant.

With SPI children, there is often brain damage which affects the child's ability to interpret or tolerate sensory stimulation, causing this integrative system to be impaired. (Ayres, 1972) *The sensory information the child receives may be disconnected and confusing.* This impaired integrative system is easily overloaded and a large number of stimuli may cause the child to be easily distracted and behave defensively (e.g. pulling away). The poor integrative sense in the SPI child may be observed in his/her inappropriate responses to the environment—because the child is deficient in the complex sensory skills which organize adaptive motor behaviors. (Cruickshank, 1971) The SPI child may try to avoid stimuli (defensiveness) because it is too distracting or confusing to identify or integrate. This may be referred to as "tactile defensiveness." (Ayres, 1972) Thus, in attempting to help the SPI child integrate these complex sensory experiences in the art process, a total integrated verbal and non-verbal approach must be used. The verbalizations made by the teacher or therapist are called "talking through." The attitude of a parent explaining to the baby what he/she is looking at, feeling, hearing, etc. can be called "talking through" and must constantly be used in working with severely handicapped children to help them better integrate the world around them. Showing—adding gestures, sounds, facial expressions and total affect to the object to be explored—is crucial to children who have not integrated their cognitive, sensory and physical worlds. In essence, this aids both the child and teacher in keeping moment-by-moment mirroring of the child's actions while exploring materials. This integrative intervention by the teacher/therapist provides an adapted, planned and controlled sensory input to the child. (Cruickshank, 1971)

Several theorists concur with the action of "talking through" the young (or developmentally delayed) child's movements, responses, etc. Cratty (1968) supports that "there is a marked relationship between movement attributes and body perceptions." Thus, if a child knows what part he/she is moving and how it moves, this will inevitably increase his/her self image.

Some severely impaired children respond in a very resistant way to touching materials (especially if they have had past negative experiences of touching or being touched). These children appear unwanting to touch materials and unwilling to give more than a mo-

mentary "look-see" (unless it's food). The inability to touch is a very serious impairment as this stops such children from experiencing their environment and the people with whom they come in contact. This, subsequently, places severe limits on all areas of their development.

Touching

How does the child first begin to feel, sense, touch, taste and hold his/her environment? The infant is a vulnerable entity, needing to be shown, taken, slowly introduced to the world of light, sound, smell and touch. A child who is born with impairments, or develops them during the crucial days and months when he/she would normally be sensorially integrating and being guided through the environment, needs this even more.

Often, relationships with important others (mother, father, siblings) may be colored by the others' fears and ignorance regarding this child who is not "normal" and usually does not independently seek out objects and people actively. Such a child may refuse to be touched or to reach out and independently touch; he/she may touch only momentarily.

Rene Spitz (1965) discussed early object relations which occur between mother and child when the child is born blind or is environmentally deprived. The infant's poor attention to the mother (e.g., not giving eye contact, not cooing in response to her cooing) often creates a rejecting situation for the mother in response to her baby's nonresponsiveness. Mother pulls away, becomes depressed and, in turn, rejects the baby and no longer tries to give him/her attention and guidance to explore. Burlingham (1961) also describes dependency issues in the early development of blind children—many SPI children are actually or functionally blind. She emphasizes the dependency that the mother further encourages in the relationship by overprotecting the child from obstacles of his/her environment.

Other implications involved in a poor tactile sense might be inferred in the developing of relationships for the SPI child. The emotional binds for a severely impaired child are manifold. A child who cannot adequately glean sensory information and behaves defensively, may be in great conflict with developing feelings of self-reliance and independence. He/she is realistically very impaired but wishes to strive to "do it" by him/herself. Feelings of unresolved dependency (and anger) may doubly add to the child's bind of reaching out. (Spitz, 1965)

Attitude

How might the attitude of the parents, educators and therapists of severely impaired children effect the child's experience of touching? There have been many times when I have walked into a classroom during art activities time to find teachers pulling, wrestling and tugging at a child's arms to make him/her "play" with some icky, gooey paint. The child is crying vehemently, making more of a mess by thrashing around, and, in the end, the teacher sits down and plays by him/herself. Who wants to play with a child who throws everything on the floor, smears materials on his/her body or (worse!) eats them, cries or screams wildly? The next time that the teacher even thinks of getting the same materials out, he/she thinks twice or, again, plays by him/herself. In this way, a negative pattern starts to develop which is difficult to break.

A similarly negative pattern of responses and touching can develop when a child repeatedly does not seem to attend to his/her environment and shows little interest in activities or materials. Caretakers and teachers may pull away or, innocently, shun the child from active participation or exploration because they receive so little in return. *It is of utmost importance to the impaired child that he/she continue to receive positive tactile, sensory experiences in order to develop positive patterns in relationships. Positive attitude is at the nucleus of beginning to relate and be related to by any individual and is especially needed by the severely and profoundly impaired child.* Positive attitude toward the child and full acceptance of his/her mode(s) of expression are key focus points to begin to work on the process part of the art experience.

Process

The vital portion of the play experience for the child, at first, is not in the product he/she creates with materials. The "fun" part for the child is in the doing—the process; it is in the experience of exploring the environment, objects, materials and people. The important part for the adult often seems to rest on the "pretty" product, something which shows the rest of the adults that the child has created and can be productive. Too often, I have observed that during the process, the child's work becomes altered by the adult in order to make it more "realistic" or aesthetically pleasing and then it does not show the process of, or belong to, the child.

Play, with or without materials, often does not result in a *thing*. For the severely and profoundly impaired child, the relationship with the gently guiding, caring adult working parallel to the child often matters more. As part of the process, it is of great importance that the teacher working with the child in creating reflect to the child, through both verbal and gestural means, his/her ability to cause and effect change with materials and emphasize the child's independence in completing his/her work. Boone (1981) incorporates this same premise in her use of music with the SPI child. She stresses the importance of the child's understanding of cause-effect relationships to stimulate awareness of *body image* and *self identity*. The child's random arm swing hits a drum; the teacher then helps the child to realize that the sound resulted from this action. Similarly in art, the child, by chance, splashes a red dab of paint on the easel and develops the awareness that he/she has made it and *caused an effect*.

The *product* of the art process, however, can be a wonderful catalyst of memory, aesthetic creation, time with the caring adult and a great boost in self-esteem for the child. Art is a transmitter of memory, of a "time-image" and of the process mentioned of "talking through" body movements, gestures, materials used, form, color, etc. The product usually results in praise and admiration from both teachers, peers and parents—adding even more to the child's feelings of self-worth. "A child is a dynamic being; art becomes for him a language of thought. A child sees the world differently from the way he represents it, and as he grows his expression changes." (Lowenfeld, 1957)

Two Cases in Point

"JAMIE"

Jamie—a bright blue-eyed, blond-haired, five year old boy—had just begun to tackle paint as his medium of expression after trying Playdoh and scribbling with scented markers. He was quite reluctant at first to "dig in;" the feel of the paint was more fluid, runny and uncontrollable in contrast to the stiff dough and drawing materials. Jamie's vision was quite limited, his mobility impaired with an orthopedic impairment. Developmentally, he was still at the two-year level although he was five years old. As Jamie worked, I stood behind him at the wall, just barely supporting his wobbling legs with my knees. I did not give him very noticeable support as he rejected this dependent help. I first guided his arms in a BIG way over the large mural paper on the wall. Jamie chose blue paint and a wide, round-bristled brush. I reflected, "Jamie's painting with blue! Big Blue Paint! All up and down you go!" Jamie took the lead and began painting a line going straight to the top as far as he could go. "Ooooo! Jamie's painting up! (my voice went up) Big blue line UP!" In this way, I reflected Jamie's independent painting.

"TOM"

Tom—a seventeen year old, totally blind, retarded, reserved young man—used to be very tactually defensive. Over a period of about five to six years, the *process* seemed to work and Tom began to independently seek out "ooey-gooey" textures such as finger paint. He mixed a palette of textures of sand, gravel, cotton and scent extracts of lemon, orange, mint, etc. to enhance his sensory creations. Tom became a regular "chef" of art, mixing his concoctions in a large 18" x 24" tray. He independently went to the materials shelf and chose his weapons of attack. They were all marked with textures on the outside or placed in specific positions to be found for each session. I reflected, "Tom, I see you've chosen some flour today!" Tom replied in his big word of all time, "Yeh!" He slowly shuffled over to the shelves to bring each material back to the work table and I reflected his choices and watched his independence. Tom poured warm water from a pitcher into his tray,

feeling each "pourful" as it plopped in. "Plop, plop, plop...there goes that wa-ter," I emphasized. Tom smiled a lot when I reflected his actions, but rarely, if at all, spoke whole sentences or requests without being cued to answer. Tom added some orange scent spontaneously shouting "ORANGE!" I agreed, "Mmmmm...orange." Tom smiled again, smearing the big orange-smelling goop of flour, water and scent in his tray.

How does messing in a tray or being "guided" to paint relate to doing art? This is, in actuality, its most important (and fun) aspect: the PROCESS of beginning to feel, to touch, to look at and play freely in an environment otherwise restricted by the barriers of physical, emotional and cognitive impairments of the severely and profoundly impaired child. The ART OF TOUCHING is crucial to successful work with these children. Emphasis must be placed upon accepting each child's present ways of relating and gradually taking these a step further as he/she exhibits readiness to continue the process.

Early Child Development

An important aspect of understanding and implementing appropriate art experiences for SPI children involves looking at sequential stages of child development. These children are often "stuck" at very early developmental levels and, therefore, must be approached by the teacher with understanding and acceptance of such levels of relating to the environment, people, and materials.

The following chart gives a brief overview of a number of theoretical constructs of early child development. It may be difficult to say exactly where an individual child's development lies within the sequence, and he/she may function at various levels motorically, cognitively and emotionally. However, approximations of behavior and observations in the areas outlined—psychosexual, psychosocial, artistic, play and cognitive—can lend insight to methods of understanding and working with the child.

As one may glean from the chart, the neonate experiences the world in a sensorial way. Piaget (Ginsberg and Opper, 1979) discusses the early sensori-motor period from birth to one month. The newborn possesses the sucking reflex, responding automatically when his/her lips are touched. Piaget speaks of the newborn in terms of his/her activity in seeking out "nourishment" and stimuli. Through trial and error actions, the infant's actions become more elaborate. At one to four months, the infant continues to experiment and, by chance, discovers results of his/her actions. This "behavior and the result may be repeated; the sequence has become a 'habit'." (Ginsberg and Opper, 1979) For example, first the baby cries and mother comes; then the baby learns to cry to make mother come. The movements of the baby are not coordinated as yet but the infant continuously attempts to refine the movements as he/she is able. The growth that occurs in this stage, primary in the development of cause-effect relationships, is effected by the SPI child's inability to sense and experiment. Stimulation (or lack of it) during this period is crucial to the sensory integrative development of the SPI child. Without it, the SPI child literally does not get to practice and refine those skills needed to show interest and learn about the environment and relationships within it.

In the months ahead, four to ten months, the baby continues to learn motoric, cognitive, sensory, emotional cues and responses

STAGES IN CHILD DEVELOPMENT

AGE	ARTISTIC	PLAY
0- 1 year	sensorial crayon to mouth—does not draw sensing qualities visual attention	(6-7 months) holds small toys amuses self for short intervals observes environment likes to look at self in mirror (9 months) enjoys banging objects together
1- 2 years	kinesthetic drawing—scribbling for the fun and pleasure of moving—no control of motions no conscious approach to color, space, design stimulation through encouragement—do not interrupt or discourage child from scribbling repeated motions, establishment of coordination between visual and motor activity	examines objects held in hand likes to put objects in and out of containe (18 months) moves chairs and large toys around may have preferred toy imitates activities he/she observes throws ball, pulls toys, carries doll solitary level of play
2- 3 years	scribble cause-effect relationships, beginning circular scribbles and talking through story telling without necessary direct graphic representation color naming change from kinesthetic to imaginative thinking color used to distinguish different meanings of the scribbling creation of small clay forms—simple	imaginative and make believe play
3- 4 years	discovery of the circle as representational organization of lines, forms into symbolic representations manipulates clay into 3-D forms tadpole figures talking through art creations, story telling about creation	may have special friend cooperative level of play, prefers 2-3 children in play group
	R LUCCI G H LUQUET J DILEO C GOLUMB V LOWENFELD S LONKER	ASSOCIATION FOR RETARDED CITIZENS

PSYCHOSEXUAL	PSYCHOSOCIAL	COGNITIVE
oral symbiosis objectal phase biting	basic trust receiving and taking in mother / infant unity and interaction	sensori-motor reflexive gradual development of goal directed behavior trial and error process with primitive reflexes and basic rewards
distinction between I and not I libidinal aggressive drives fuse into object	separation / individuation awareness of self as separate from mother	concept of object permanence imitates expressive language gradually learns to recognize objects earliest vocal mutual imitation
anal retention / elimination resistance to habit training control of bowel and bladder	sense of autonomy muscular maturation holding on / letting go	pre-operational pre-conceptual egocentric beginning of symbolic thought
phallic stage assumes sex role genitalia strongly cathected sex training oedipal and electra complexes	sense of initiative action system under control and valued sex role established	pre-operational role of language increases classifies by color, form and size
S. FREUD A. FREUD M. MAHLER R. SPITZ	E. ERIKSON	J. PIAGET

and continues to expand in sensory development. Manipulation of objects increases as the infant develops schemes of discovery and action. The infant also imitates and anticipates corresponding movements of his/her body and his/her caretaker's body.

Between twelve and eighteen months, the child begins to walk and continues to search, explore and discover. Resistance becomes a major characteristic in the child's vocabulary as he/she becomes more capable and seeks more independence (and is in the process of toilet training). Simple patterns of learning develop in conjunction with all of the aforementioned characteristics of the sensing, exploring, growing independent child.

Severely and profoundly impaired children are often found to be functioning somewhere between the neonate and two year old levels. Severe physical and emotional impairments can cause children to appear at a more regressed level of functioning than they are, due to their passivity and inability to move. Along with consideration of functioning level, one must be sensitive to chronological age-appropriate interests and verbalizations for the total health and feelings of self-esteem of the individual.

Approach

The adult who approaches the severely and profoundly impaired child on his/her developmental level becomes, what I call, a "Guide of the Senses." This adult uses mirroring—reflecting the child's gestures, movements, vocalizations and artistic expressions. In this capacity, the guide observes the child's resistance, gradually introducing materials which are less obtrusive to his/her touch. The guide is aware of the child's sensory limitations in order to develop a trusting relationship, especially if the child has a history of negative experiences of touching or being touched.

A "Guide of the Senses" is aware of the qualities of materials that are to be explored by the child. Consistency, temperature, texture, fluidity, sound and smell are all important qualities in the SPI child's experience. A child who is found to be resistant to touching or tactually defensive will react in an especially sensitive way to particular materials or textures. Lowenfeld (1957) emphasizes the basics of art and sensory learning and the importance of the child's active participation: "Art is filled with the riches of textures, the excitement of shapes and forms, the wealth of color and the youngster and adult alike should be able to receive pleasure and joy from these experiences." The art of sensitivity to the qualities of materials might best be described and taught by an artist, but given time, good observations and practical experience with the material, a teacher could become better acquainted with the powerful sensations of a given material for the child.

A child may respond in a passive way to exploration. He/she may not have the physical capabilities necessary to reach out and independently explore painting, squeezing clay or mixing various substances. The "Guide of the Senses" should gingerly approach the child's entire body as a full sensing tool—hands, arms, legs, feet, belly and face—if the child does not exhibit dismay.

Gradual introduction of each texture or material along with "talking through," adding affect to the voice, and gestures, are part of emotionally desensitizing the child to touch and creating a supportive, playful atmosphere of sensory discovery.

Materials

Another aspect of the approach to sensory discovery and pre-artistic development lies in the types of materials used. Kramer (1979) identifies "five ways in which art materials may be used." "Precursor activities: scribbling, smearing, exploration of physical properties" make up the first category which will probablly fill the SPI child's vocabulary in art. In Kramer's second category, she describes "chaotic discharge: spilling, splashing, pounding, destructive type behaviors..."—a way the SPI child might also experience many materials. Her third category, "stereotypes—may take the form of copying, tracing or stereotypic repetition" may or may not be inherent in the SPI child's art work/art processing.

I ask several questions of basic materials for most impaired children. The first question concerns toxic content. Children at early developmental stages tend to mouth everything in sight and it is important that, even with supervision, children be free from danger to explore in whatever modes are available to them. The second question concerns comfort and exposure: Has the child seen this material before or is it a foreign body to be resisted? Because the child may have integration difficulties, a formerly experienced material may not be as offensive to explore. The third question revolves around the area of appropriateness for the child. Is the child—who is, for example, totally disoriented and out-of-control—going to benefit by using out-of-control or in-control materials? In this case, paint might be an out-of-control material, whereas drawing might be more controlled. Control issues might be reflected by using a tray to add a sense of boundaries whereas a sheet of paper is without strongly defined boundaries.

There are many materials which I use which are not standard art supply materials; I use them because they answer my questions positively. I refer to these as "pre-art" materials. They may be used in sensory-explorative, artistically-representational or expressive ways and are also used in common, everyday activities. Flour, cornstarch, salt, scent extracts, cornmeal, oatmeal, pudding, Jello, shaving cream, crazy foam, sand paper, fur, feathers, beans, noodles, spaghetti, sand, water, etc. are all available for my "palette" of pre-art materials along with paint, scented markers, clay, plaster, etc.

I usually suggest that these materials be played with in the confines of a large plastic tray or a bowl in which the child can move his/her arms freely. The tray provides a safe boundary within which to explore, keeping the mixture of materials in control. Another method of providing boundaries might be to pre-glue string or a row of sand around the edge of the paper to be used (making sure that it has dried thoroughly before using).

Materials may not be as frightening for the child to touch if they are presented in a small space at first, gradually increasing the work space as the child becomes more comfortable. This idea can be generalized to the entire room in which art takes place. Distractions of excessive noise, movement, color and objects are often very difficult for the SPI child to incorporate into an already jumbled world of sensory activity. Using a smaller part of the room, cordoned off and away from major distractions, might provide an initial desensitized area in which to work. The size of the area may be gradually increased as the child is better able to tolerate the environmental stimulation, concentrating more on the relationship to the teacher or attention to the materials.

Motivation

The attempt to gain the SPI child's trust and to motivate him/her to exlore with materials can be a major stumbling block. The first step is to find what the child likes to do most, build on his/her likes and incorporate a gradually more varied exposure to the environment and art/pre-art materials. The method of finding motivators for each child is, of course, individual to that child. I might first introduce a variety of materials, two at a time. If a child persists in extreme tactual defensive behavior, I might take a few steps back and simply hold, caress, talk to or play with the child to help him/her to become more comfortable with the relationship and environment. Again, working with familiar materials at first, such as water or perhaps sand, or moving hands in a bowl of dried lima beans, might be preliminary to being able to independently explore fabric pieces or paint in a tray. Supporting the child's level of working with the materials by accepting his/her wishes to play or not to play are preliminary steps to gaining the child's trust, willingness to work with the teacher and motivation to work for the teacher.

Mastery, for the SPI child, can be gained through the process of being motivated, being allowed to express and being respected for one's creations. The processes of decision-making and controlling everyday aspects of life are not easily attained by very impaired children. Given limited choices and the structure to choose between these choices in an art session, the child can gain a sense of mastery of his/her environment, while reaping great feelings of self and "I CAN DO."

Structure

Another aspect of the motivation issue may be resolved with the use of inherent structures and a schedule which the child can anticipate for the art time. SPI children are often "programmed" with routines every day. Waking up, washing, eating, going to school, etc. are important aspects of the daily schedule of activities for these children. They anticipate these events every day and, after much practice and repetition of these events, they may become more comfortable as they are able to succeed at parts of the daily routine. This success reinforces the child's feelings of self-esteem and renders the child more willing and motivated to try again.

This same aspect can be built into the art session. The structure can be inherent in the materials, for example, by providing the child with limited choices, increasing the choices and exposure until he/she is familiar with the routine and the choices of materials available. The structure can be provided within the daily approach to the child in greeting him/her and offering materials, a place to sit at the table, etc. Making this structure interesting and such that it can be easily anticipated simultaneously can be a major feat in itself, but is possible, particularly with the use of other modalities such as music (singing) or movement.

I often structure both individual and group art sessions with several components. We begin in a circle with a GREETING or sing a "HELLO" SONG, naming each child. Then, each child is asked to LEAD AN EXERCISE, such as clapping hands, stamping feet, standing up, sitting down, etc., with the teacher offering assistance if the child is unable to accomplish this independently. Next the CHOICES OF MATERIALS ARE PRESENTED to the group or individual. The teacher may want to decide on a structured activity such as mask-making, making a clay face, painting as a group on a mural, etc., or allow each child to work on his/her chosen material. This decision may be contingent on the amount of individual attention each child needs within the group as well as the group's independence. A group may function very dependently in the beginning, needing some imposed structures and defined activities in order to increase their exposure to materials and the language of art. *As the group (or individual) becomes more comfortable with the other group members, teacher and materials, the amount of*

structure imposed can be lessened, allowing for more group interaction and individual expression with materials.

The body of the session consists of this third step, the choosing of materials and the WORKING WITH MATERIALS—the process. Finally, it is important to LET EACH CHILD KNOW WHEN THE SESSION WILL END and when he/she needs to clean up and complete his/her process—CLOSURE. About ten minutes prior to the close, I usually try to "count down" the amount of time remaining. I encourage the child to look at his/her work and the work of other group members, EXAMINING SIMILARITIES in the use of color, form, material and style (e.g. hard, aggressive or soft, gentle) and HOLDING THE CHILD'S WORK IN FRONT OF HIM/HER and the group to emphasize the process, product and success of each individual.

The last part of the session, the CLOSING, incorporates a RECAPITULATION of what all of the group members have chosen to create—displaying the work again—and the singing of a "GOODBYE" SONG. I let the children know when they will attend their next art session by showing the day on a calendar or schedule or counting the days to it.

It is vitally important that the SPI child know what is coming next. Consistency is a primary force in the training, teaching and encouragement of expression of SPI children. The qualities mentioned will be very helpful to the teacher if incorporated into the art session.

Adaptations

When a child is severely physically impaired, it is often necessary to devise adaptations for the child so that he/she can physically participate in working with materials. Each of these physical adaptations help to emphasize the teacher's understanding of the child's needs while helping the child to succeed in whatever modes are presently available to him/her. Placing the child over a bolster or on a mat, using different positionings to test how the child can use available motoric functions most adeptly, are all aspects of adding individualized adaptations to the art program. Without going into complex physical or occupational therapy adaptations such as positioning seats, hand splints, etc., which are used in many SPI classrooms, I will discuss a few ideas which I have used in working in art with children having physical impairments.

For a child who has little hand grasp (cerebral palsied—spasticity), I have devised a simple shortened brush. To make this brush, one saws off the top three to four inches and attaches this part perpendicularly to the brush end using masking tape, glue or gauze plaster of Paris (see Appendix). A small piece of foam sheeting (one-eighth inch thickness) should be sewn around the handle. Velcro strapping can be sewn to the foam padding to be wrapped around the back of the child's hand, as this will prevent the brush from dropping out too easily.

For a child with little or no hand control, but fair to good head control, a "head stick" can be fashioned or purchased commercially. One way of creating a head stick might be to mold a Themoplast (low melting temperature plastic) cone which has at its end, a rubber stopper. A slit made in the rubber stopper will hold the brush (or marker) when it is inserted. This cone can be attached (glued or bolted) to a helmet or head-band contraption. For further description, see the case study of "Cindy" which follows.

For a blind child, adding textures, smells and sounds are adaptive to the need for alternative sensory stimuli. For a child who eats everything in sight, using non-toxic materials may be an adapted way of sensitizing him/her to just *taste* and not engulf. Children who are unable to mobilize themselves through their environment may benefit by using art materials over a large space, such as mural paper on a wall or the floor. Thus, the moving around performed

with the art materials serves as an alternative expression to the free moving that they are realistically unable to do.

Another important aspect of the adaptations implemented with SPI children involves their ability to cause an effect with the materials. For instance, using a half-inch skinny brush to paint heavy tempera paints on 18" x 24" paper predestines an experience of failure. Adapting the idea of "paint brush" to use a larger, round-bristled shaving brush (available in a dime store) might be more suited to instantaneous results, and thus set up success for the child in using the material. Sensitivity to table space and height (appropriateness for wheelchairs), the temperature of water for clean up, etc. are environmental elements of which the teacher may need to be aware in attempting to adapt the setting for the handicapped. The severely impaired child is often unable to control these aspects of his/her world independently and requires the help of the teacher to, again, build in aspects of support and comfort to the art experience.

Adaptations in using art and pre-art materials for the SPI child require ingenuity, patience, trial and error, "stick-to-it-tiveness" and a full knowledge of the individual child's needs and personality. *As a child learns to use his/her adaptation, the sense of mastery and feelings of self-worth and importance take precedence over feeling handicapped and inadequate.*

CASE IN POINT

"CINDY"

Cindy—a seven year old, severely cerebral palsied, visually impaired, non-ambulatory and non-verbal girl—used her facial expressions and "knowing" eye contact to express her motivation toward people and materials. She actively (as much as possible) explored materials presented to her on a table using her hands, but had great difficulty placing her hands where she wanted. The spasticity in her arms, hands and legs was out of control, especially when she became excited, as she did when presented with bright colors and new things to explore. Cindy had fair head control and visually tracked well. A head stick was constructed for Cindy; we tested the fit and comfort and made sure that utensils would be securely held inside the stick.

Initially, the use of the head stick was coupled with motivating techniques devised by a team of Cindy's teachers, aides, occupational and physical therapists, as well as the art therapist. These devices or "tricks" included the sound effect of a blow dryer humming in the direction that we wanted Cindy to turn her head. The

paint brush had been dipped into the color of Cindy's choice—red—and placed in the head stick. As she turned her head in response to the hair dryer, a bright red stripe appeared on the paper. A music box was also used as motivation. The teachers made silly sounds, reflected Cindy's giggling and gurgling, imitated the music box and the dryer, and verbally reflected Cindy's ability to cause an effect with the paint on the paper. The training process of using the head stick adaptation took many months to refine but helped Cindy to use her physical capabilities through painting as well as stabliize head control and directionality. She also had the added reward of her completed, praised art work when she finished!

Summary

The severely and profoundly impaired child has extraordinary restrictions inherent in his/her lifestyle due to the inability to move freely, behave in an appropriate way and integrate the environmental, sensory and emotional aspects of his/her personality. Teachers can use basic knowledge of materials—that materials can motivate a child, illustrate cause and effect relationships and emphasize sensory integration—to facilitate *the art process* as an invaluable component of the education and training of these children. "It may also be necessary to expand one's notion of what 'art' is—so that it can encompass the manipulation of collage materials with feet by an armless child, or the rhythmic repetitive swabbing of paint by a psychotic boy." (Rubin, 1975)

The attitude and approach of the teacher working in the modality of art and "pre-art" must reflect the child's every action and emphasize his/her ability to be a creative, expressive and positive member of society. Rubin (1975) states that, "Through experience of the self, the individual gains contact and connection with the environment, which can bring him out of isolation and make him a more useful member of society." The *art of touching* can be incorporated into the art process through a positive attitude and a sensitive use of materials, with attention to sensory (tactile, auditory, olfactory, etc.) qualities. "Creative activity can become a means of overcoming this detachment—physically and mentally—through improving those sensory experiences which deal with the establishment of an improved self-concept, and emotionally by relieving tensions and inhibitions that stand in the way of the development of the potential abilities of the handicapped." (Lowenfeld, 1957) *The important part of the art experience for the SPI child lies in the process of doing and the caring relationship between the teacher and the student.*

The SPI child has capabilities which can be realized through the adoption of positive tactile experiences. Realistically accepting the child's present level of developmental functioning is an important mindset. Motivation and appropriate motivators are major stumbling blocks in working with this child in art, but may be built upon with the use of desensitization techniques, and great patience and ingenuity on the part of the teacher. Structures which can be anticipated may add to the child's comfort and acceptance of the art

session. These include structured activities such as a regular greeting, leading of an exercise, choosing materials/processing and closing/recapping with attention drawn to the salient features of the art work. The child's beginning awareness of self-esteem, mastery, control and feelings of adequacy may be reflected and reinforced in art. Special adaptations in the art experience for the SPI child may include adapted brushes, positioning bolsters or floor mats, or special use of materials. Adaptations for the child must be tailored to his/her individual needs, emphasizing, again, the teacher's understanding of the child's abilities and expressions.

Art for the SPI child may be defined as something very different from the "art" experience with which most non-handicapped children and adults are familiar. The art vocabulary of the SPI child consists of the beginnings of all development and discovery—those experienced by each newborn—in their *sensory introduction to the world*. As Lowenfeld (1957) stated so emphatically, "Nowhere can the integrative effect of the aesthetic experience more clearly be demonstrated than in the realm of the handicapped."

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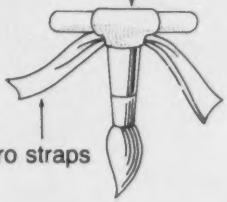
Appendix

ADAPTATIONS WITH ART TOOLS AND MATERIALS

"When a child is severely physically impaired, it is often necessary to devise adaptations so that he/she can physically participate in working with materials." (see p.19)

ADAPTIVE BRUSH

cut brush to desired length



HEADSTICK/BRUSH AND DRAWING TOOL

can be made with Thermoplast and Velcro straps

use shortened brush or marker in headstick

SIMPLE MAKESHIFT ADAPTED BRUSH

use paper toweling, masking tape, wrap around brush or marker handle to increase holding size and grasp; use wide, round-bristled brushes with thick handles

physical therapy black rubber tubing —pencil or brush is inserted

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